DOCUMENT RESUME

ED 295 383 EC 202 821

AUTHOR Brush, Eleanor
TITLE Public School Language, Speech and Hearing Services in the 1990's.
PUB DATE 14 Nov 87
NOTE 14p.; Paper presented at the Annual Convention of the American Speech-Language-Hearing Association (New Orleans, LA, November 12-16, 1987). Print is small and variable.
PUB TYPE Reports - General (140) -- Speeches/Conference Papers (150)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Classroom Techniques; *Communication Disorders; *Consultation Programs; Elementary Secondary Education; Hearing Impairments; *Hearing Therapy; *Interprofessional Relationship; Language Handicaps; Public Schools; Speech Handicaps; *Speech Therapy; Student Evaluation; Teaching Load; Teaching Methods; Team Teaching; Therapeutic Environment; *Therapists

ABSTRACT

This paper presents an approach to the future role of public school language and speech specialists designed to make them indispensable to teachers and administrators. They should move away from the pull-out method of delivering services. Instead they should work directly with students in their classroom and consult or co-teach with regular and special education teachers. Academic content should be incorporated into their service delivery in order to help the student function better in the classroom. Caseloads should be limited only to those students whose speech, language, and hearing disorders directly affect their school performance, because providing services to students who do not need intervention to succeed academically makes the specialist dispensable. Through consultation they can develop an intervention program, model it, and be responsible for the training of others to carry it out. Co-teaching provides an opportunity for language-based instruction for students with severe language disorders in separate classrooms. Regular and special education teachers and administrators should be invited to programs on speech and language. The specialists should also attend programs on regular education to increase their understanding of classroom curriculum. The bibliography provides references discussing pull-out models, communication skills of adolescents, and assessment and testing. (VW)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED295383

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PUBLIC SCHOOL LANGUAGE, SPEECH AND HEARING SERVICES IN THE 1990's

ASHA CONVENTION

NOVEMBER 14, 1987

ELEANOR BRUSH, PRESENTER

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Eleanor Brush

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC 208821

BEST COPY AVAILABLE

PUBLIC SCHOOL LANGUAGE, SPEECH AND HEARING SERVICES IN THE 1990'S

P.L. 94-142 has had a tremendous effect on the field of speech, language and hearing disorders by providing the impetus for increasing and changing services to students in public school settings. Speech and language disordered students who had previously been worked with in special schools and clinics were added to public school caseloads creating large numbers of challenging youngsters to work with. Today I would like to present for your consideration an approach to the role of the public school language and speech specialist for the 1990's, to propose a way of delivering services which will make the language and speech specialist indispensable to public school teachers and administrators.

My first suggestion is to move away from the pull-out method of delivering services. For many years taking students out of their classrooms to the "speech room" has been the predominant way to provide services. I am suggesting that you work with students in their classrooms. I am also suggesting that consulting and co-teaching with other regular and special education teachers is a way to become a valuable resource in helping children improve school performance. A Public Information Survey in a recent ASHA magazine indicated that close relationships between speech/language professionals and teachers needs to be fostered. Working with students in the classroom, consulting and co-teaching will help improve relationships with teachers and ultimately lead to students obtaining treatment, to the acceptance and support of

language/speech/hearing services and to classroom teacher's jobs becoming easier.

My first suggestion has to do with the familiar pull-out model, the traditional role that the public school clinician has had in working with youngsters who have all types of disorders, from mild to severe. I urge you to consider working with students right in their classrooms, as much as possible. Although the student's academic progress is the direct responsibility of the classroom teacher or special education teacher, you should make an effort to incorporate academic content into your service delivery. At the same time, teachers attempt to reinforce communication goals into the class. Your work should help the student function better in the classroom. It is easier to accomplish all of this, if you are in the classroom. Some of you are beginning to move in that direction. But there are still clinicians who claim caseloads that seem to resist change.

Let us consider caseloads for a moment. In 1981 the Government Accounting Office reported on its audit of the use of P.L. 94-142 funds. Speech impaired children constituted the largest and most conspicuous category of handicapped children. They stated that:"1. Speech-impaired children generated P.L. 94-142 funds in excess of the amount actually needed to provide services. 2. Most speech impairments do not affect educational development, and states do not apply an adverse effects test as required by P.L. 94-142. 3. Children classified as speech-impaired are typically under 10 years old, served in

grades one through three, receive only small amounts of service, and do not have major modifications made in their regular education programs. 4. Most speech impairments are of minor severity, do not adversely affect educational performance, and therefore are not important.

Your caseload establishes your image in the school environment. If you work with students who do not need intervention to succeed in school, you are dispensable. You need to give some thought to limiting caseload size so that you can deliver quality services to students whose speech, language and hearing disorders directly effect their school performance. For example, think about the youngster who is severely impaired and has demonstrated no change in acquisition of language after years of therapy. Many clinicians continue to deliver direct speech and language services to such youngsters year after year. Perhaps that relieves pressures from parents, teachers and administrators. But it also holds out false hopes. I am suggesting less direct service to such students.

A more obvious case selection decision involves the young child who is still in the maturational process and shows one or more minor deviations in articulation and/or language. These children should not be included in caseloads. Does this mean that the language/speech pathologist would never again work with a student with a mild to moderate articulation problem? No it does not. It means that the language/speech professional would look at the disorder in relation to that child's academic functioning within the school before making that decision, as

mandated by P.L. 94-142. Pare doun your caseloads so you can work with students in classrooms.

My second suggestion for your consideration is consultation, the newest role for the public school language, speech and hearing specialist. Using this method you can develop an intervention program, model it and be responsible for the training and instructing of others to carry out the program. This model may include students with communication disorders ranging from mild to severe. Examples of how this model may be used include monitoring a youngster's communicative abilities prior to enrolling him in a program, such as the student with maturational speech or language issues.

Another application is to use consultation as a way of reviewing progress after dismissal from direct services. For example, the student who exhibits a language disorder might be seen daily in kindergarten through grade two. When language deficits show up in reading, writing and spelling and other academic areas, that student begins to receive special education instruction in academic areas. Rather than fragment a student's program by providing separate, pull-out language classes, you might consider working closely, in a consultant role with that youngster's teachers.

In another example, severely/profoundly mentally handicapped or multiply handicapped students need intensive intervention in their natural environment. You might evaluate the student's communication abilities, develop a program of service, demonstrate that program to teachers and parents or significant

others and periodically observe/review the student's progress

Such a program is not to be considered second best or not to be used only when direct intervention is not possible, but rather based on the communication needs of the student. Students receiving services under the consultation model are counted in caseload figures as prototype 502.1, which means that consultation services are reimbursable. When using the consultation model, you are responsible for evaluation, parent contact and monitoring student progress just as you are in all other service delivery models.

My third suggestion is that of co-teaching. There is a need for classrooms which provide language-based instruction for students with severe language disorders. You should play an integral part in deciding who is appropriate for the class, planning curriculum, doing direct service, consulting with families and school personnel, in short, co-teaching. This model could be at the pre-school level, elementary or secondary. It is important that all school personnel realize the importance of what you have to offer in these substantially separate programs. The students who belong in these classrooms have a variety of severe language and speech disorders, such as language-based learning disabilities, students who are developmentally delayed and/or autistic or who are multiply handicapped and need to develop augmentative communication systems. Such classrooms should not be the sole responsibility of special education teachers, but should include the skills provided by the public school's communication specialist. I am suggesting you function

as co-teachers in these substantially separate programs.

Working with students in classrooms, consulting and co-teaching are service delivery models which are successful in meeting students' communication needs. The important thing to remember in any model is to relate language, speech and hearing services to academic performance so that the student can learn more effectively in school and the teacher's role with that student is easier and more productive.

In the bibliography I have included references in which language/speech pathologists are looking at changing the service delivery system from a pull-out model to integrating services into the classroom, whether it be regular or special, particularly for students with language disorders. Gruenwald and Pollack, Charlann Simon and Ripich and Spinelli present invaluable information regarding discourse and school performance Ripich and Spinelli feel " that syntax, phonology and so on failed to take into account the nature of communication as an interpersonal event". They go on to say that it is very difficult to do intervention using a pull-out model only. It is necessary to spend time in classrooms and work closely with teachers to teach the language of the classroom.

Several authors deal specifically with communication skills of adolescents, an area previously neglected. They are listed in the bibliography.

It is obvious that the approach to remediation of language/speech disorders which includes relating the intervention to classroom performance has implications for

assessment. Traditionally assessments have consisted of administering a variety of speech and language tests in a 1:1 situation out of the classroom. Some school systems have stated exactly what tests to use and what the scores have to be for a child to receive services. I am not going to advocate not using tests. However, as Gantwerk in "Assessment Issues in Decision Making", says "Assessment is not equal to the word test. Assessment includes the gathering of data and the art of giving meaning to the data we have gathered. Data alone have no meaning. The decision maker imparts the meaning by the interpretation of data. We want to be sure to collect enough data and the right kind of data".

Tests are a part of assessment. I am merely suggesting that you consider other means in addition. If one of the mandates of P.L. 94-142 is to provide services to help a student succeed in the classroom, one of the logical places to begin to observe the student is in the classroom. In addition, teacher interview can frequently be informative about a student's communicative skills. Anything Charlann Simon has in her book is worth reading as you think about assessment.

Communication Assessment and Intervention Strategies for Adolescents offers excellent ideas for the assessment of adolescents. The appendix is rich with forms to use, including a learning style questionnaire, conversational analysis, narration analysis, structure of the educational system checklist, teacher language: self-evaluation technique, attitudinal scale and curriculum analysis form.

The ethnographic approach, as advocated by Ripich and Spinelli is worth reading. They refer to methods of study of events and persons that offer a most provocative alternative approach to traditional assessment. They feel that assessment and intervention have focused on how often children perform a task correctly, whereas an ethnographic perspective examines the manner at which children arrive at correct task performance. In short, if you want to assess how a child functions in the classroom, you have to get into the classroom and observe. By going into classrooms, you not only observe the student and teacher, but begins the process of involving the teacher at the assessment stage. Ripich and Spinelli look for two types of competence in students, linguistic (phonologic and grammatical rules) and communication competence (social rules of the classroom context, including topic maintenance, turn-taking and listening).

At a workshop I attended last April, Lynda Miller summed up the move towards changing language/speech methods of assessment and intervention to include the natural contexts in which students must function by commenting on our field's propensity for looking at the pathology. She feels we need to get away from the medical model of blaming the problem on the child and include a consideration of the effect of the child's environmental and educational experiences. We need to look more at strengths and begin there in building an intervention program. The program has to relate to what is happening in the child's life in school and at home. In other words, the language, speech and hearing

specialist has to assess the situation the child is in, as well as the child, and build on strengths in cooperation with other school personnel to improve the youngster's school performance and as a result help teachers to better manage their classrooms.

Positive relationships with administrators and teachers and parents established through working together towards the goal of improved school performance is essential. Since continued in-service and staff development is a mandate of P.L. 94-142, inviting regular and special education teachers and administrators to programs on speech and language as well as your attending programs on regular education might help bridge the gap. Your learning about classroom curriculum is as important as teachers learning about the effect of speech, language and hearing problems on classroom performance. In order to help students with language in the context of the classroom, you need to understand what goes on in that classroom, what the curriculum is, and what the language of the classroom is. Focusing on cooperation through consulting, co-teaching and working with students in classrooms when appropriate will focus attention on the profession in a new light and put language/speech pathologists in a role similar to all other special educators, that of being a support to classroom teachers and other school personnel--a valuable asset to the successful educational experience of all students.

I would like to empower you to begin thinking about redefining your role in such a way as to make speech/language professionals indispensable to students and colleagues in the

public schools. You be in the position of deciding how you want to change and improve service delivery for communicatively impaired youngsters.

Bibliography
PUBLIC SCHOOL LANGUAGE, SPEECH AND HEARING SERVICES IN THE 1990'S
ASHA CONVENTION, NOVEMBER 14, 1987
ELEANOR A. BRUSH

Boyce, N.L., Larson, V.L. Adolescents' Communication Development and Disorders, Eau Claire, Wisconsin:Thinking Publications,1983.

Committee on Language, Speech and Hearing Services in the Schools. "Guidelines for Caseload Size for Speech-Language Services in the Schools", ASHA, April, 1984.

Creighton, J.M., Weiner,C.A. Practical Strategies, Phoenix, Arizona:Syndactics,Inc., 1986.

Frassinelli,L., Superior,K., Meyers,J. "A Consultation Model for Speech and Language Intervention",ASHA, November, 1983.

Grantwork, B. "Assessment Issues in Decision Making", Caseload Issues in the Schools, Rockvulle, Maryland:American Speech-Language-Hearing Association, 1985.

Gruenwald, L.J., Pollak, S.A. Language Interaction in Teaching and Learning, Baltimore, Maryland:University Park Press, 1984.

Larson, V,L. McKinley, N.L. Communication Assessment and Intervention Strategies for Adolescents, Eau Claire, Wisconsin:Thinking Publications, 1987.

Lingwall, J.B. "Caseloads Yesterday and Today", Caseload Issues in the Schools, Rockville, Maryland:American Speech-Language-Hearing Association, 1985.

McDermott, L. "Service Alternatives", Caseload Issues in the Schools, Rockville, Maryland:American Speech-Language-Hearing Association, 1985.

Ripich, D.N., Spinelli, F.M., Ed. School Discourse Problems, San Diego, California:College Hill Press, 1985.

Schwartz, L., McKinley, N.L. Daily Communication, Eau Claire, Wisconsin:Thinking Publications, 1987.

Shafer, R.E., Staab, C., Smith, K. Language Functions and School Success, Glenview, Illinois:Scott, Foresman and Company, 1983.

Simon, C. Communication Skills and Classroom Success:Assessment

of Language-Learning Disabled Students, San Diege, California: College Hill Press, 1985.

Simon, C. Communication Skills and Classroom Success:Therapy Methodologies for Language Disabled Students, San Diego, California:College Hill Press, 1985.